solution available in clinical settings, especially when current Centers for Disease Control and Prevention guidelines state that only solutions of PPD containing 5 TU/0.1 mL should be used.1 We have discontinued the 250 TU formulation in our institution. We urge caution in the interpretation of tuberculin tests and suggest careful examination of the strength of the solution before administration.

REFERENCES

Elena Peeva, MD
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Prevention of Intravascular Catheter-Related Bloodstream Infections

To the Editor:

In his Lancet seminar, Raad1 estimated that 400,000 intravascular catheter-related bloodstream infections (IVCR BSIs) with skinborne microorganisms now occur annually in US healthcare facilities. On the basis of 1995 data, Jarvis2 summarized that such infections occurred then at a rate >100,000 annually, killed 16.3% to 35% of persons infected, and cost $40,000 per survivor. Pearson3 estimated that there were over 200,000 IVCR BSIs annually in 1996. Using 400,000 for current annual morbidity and 25% for mortality, IVCR BSIs will kill 100,000 Americans in 2000. Since 1995, we’ve seen a 3- to 10-fold increase of IVCR BSIs in patients infused via needleless systems that have Y-port recesses that are suitable for microbial colonization and that require more manipulation than standard systems.4 Thus, to Raad’s recommendations one might add that needleless IV infusion systems should be eliminated, and healthcare workers should use sterile gloves when handling needles and related paraphernalia in standard IV infusion systems.

Supply of IV infusion systems safer for patients and healthcare workers currently is limited by manufacturers, purchasing consortia, and managed-care organizations whose bottom line is profit (Business Week, March 16;1998:75; San Francisco Chronicle, April 13-15, 1998:A-1). A simple remedy can be found in the Healthcare Worker Protection Act (HR 2754) now under consideration in Congress. The gist is that Medicare (and we, the taxpayers) will not reimburse providers for needles and paraphernalia proven unsafe by qualified experts.

REFERENCES

Jack W. Shields, MD, MS
Santa Barbara, California
Dr. Shields is a retired hematologist.
The Steris company recommends in Germany the Steris System 1 “for a rapid, safe, and standardized sterilization of minimally invasive devices for operations and diagnostic procedures,” but the Steris system probably is used mostly for disinfection of endoscopes.

Steris guarantees to the German users that the system sterilizes, provided that certain precautions such as careful cleaning prior to disinfection are being taken. A guarantee for sterilization is misleading for several reasons. First of all, disinfection and sterilization strongly depend on the amount of biological material and the number of microorganisms present on the object prior to the disinfection or sterilization process. Second, manual cleaning prior to disinfection are being performed. This pseudo-outbreak emphasizes the need for meticulous quality control in the laboratory.

**REFERENCES**


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Abbreviations: ER, emergency room; L and D, labor and delivery; OP, outpatient clinic; ICU, intensive-care unit.

**Does Steris Sterilize?**

To the Editor:

The Steris company recommends in Germany the Steris System 1 “for a rapid, safe, and standardized sterilization of minimally invasive devices for operations and diagnostic procedures,” but the Steris system probably is used mostly for disinfection of endoscopes. Steris guarantees to the German users that the system sterilizes, provided that certain precautions such as careful cleaning prior to disinfection are being taken. A guarantee for sterilization is misleading for several reasons. First of all, disinfection and sterilization strongly depend on the amount of biological material and the number of microorganisms present on the object prior to the disinfection or sterilization process. Second, manual cleaning prior to disinfection or sterilization is a nonstandardized procedure, which in addition could expose staff to pathogens. It is well known that in clinical practice routine cleaning rather often is not done very carefully. Finally, many pathogens still have not been tested or are not even recognized to produce disease. William Rutala and his group recently have shown that Steris with 0.2% peracetic acid at a temperature of 23° to 25°C does not kill *Cryptosporidium parvum* at 12 minutes, and Steris with 0.2% peracetic acid at a temperature of 48° to 50°C reduces the colony count of *Cryptosporidium parvum* by only 1.8 log, which is below the effect of high-level disinfection.1

There are several other problems associated with the use of Steris. Peracetic acid is more damaging to instruments and processors than many other disinfectants, eg, gluteraldehyde. It also is less stable and far more expensive than aldehydes are.

The National Reference Center for Hospital Epidemiology in Germany strongly recommends the use of washer disinfectors, especially for reprocessing of endoscopes. Automatic washer disinfectors clean, disinfect, and dry the devices without exposing the staff to pathogens or irritant or toxic substances.

Neither Steris nor other companies should give a guarantee for disinfection or sterilization for their products. Steris may not even provide high-level disinfection of devices contaminated with certain microorganisms.

**REFERENCE**


Franz Daschner, MD
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National Reference Center for Hospital Hygiene
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**Editor’s note: Please see page 798 for Dr. Rutala’s discussion of low-temperature sterilization technology (LTST), where he points out that no LTST fulfills the FDA guidance document for sterilization, but that, with proper cleaning, LTST can provide clinically effective sterilization.**